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Christina Boyer (Depositor's name)  
*Christina Boyer* (Signature)  
12 December 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/049,227	09/23/2002	Allan J Clarke	P32374	9571

TITLE OF INVENTION: MULTI-COMPONENT PHARMACEUTICAL DOSAGE FORM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/12/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, SUSAN T	1615	424-451000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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1Dara L. Dinner

2Stephen Venetianer

3Charles M. Kinzig

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SmithKline Beecham plc

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Brentford, Middlesex, United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Dara L. Dinner

Date

12 December 2006

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